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COVER LETTER

10:	Division of Co						
CURIO							
SOBJE	BJECT: RAUL E. ESPINOZA, P.L. Name of Limited Liability Company						
771	olooo f Amirika a f	A manufacture and foo(s) and mal	aminad for filing				
		'Amendment and fee(s) are sul					
Please	return all correspo	ondence concerning this matter	r to the following:				
			RAUL E. ESPINOZA				
			Name of Person				
		RAUL E. ESPINOZA, P.L					
		Firm/Company					
		175 S	6				
		Address					
		MIAMI, FLORIDA 33130					
		City/State and Zip Code					
		RESP E-mail address: (INOZA@REPALAW.COM to be used for future annual report no	1 tification)			
For fur	ther information	concerning this matter, please	call:				
	RAUI	. E. ESPINOZA	at (_786)	539-5410			
_	Name o	of Person	Area Code & Dayti	me Telephone Number			
Enclose	ed is a check for t	he following amount:					
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Regist Divisio P.O. B	LING ADDRESS: ration Section on of Corporations sox 6327 assee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive O Tallahassee, FL	orations Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Nome of the Limited	AUL E. ESP	PINOZA, P.L	s on our records)		
(Name of the Limited (A	Florida Limited I	Liability Company)	de our recorder,		
The Articles of Organization for this Limited Li Florida document number	• • •	were filed on	02/09/2009	and assig	ned,
This amendment is submitted to amend the following	wing:				
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ited Liability Compa	ny," the designation	"LLC" or the ab	breviation
Enter new principal offices address, if applica	able:	175 SW 7 ST	REET		
(Principal office address MUST BE A STREE	SUITE 1806				
		MIAMI, FLOR	IDA 33130		
Enter new mailing address, if applicable:	175 SW 7 ST	REET			
(Mailing address MAY BE A POST OFFICE I	SUITE 1806			ME-11.	
	MIAMI, FLOR	NDA 33130			
B. If amending the registered agent and/oregistered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	fice address her	e: STREET, SUITE		TARY OF STAT	the new
		MIAMI	. Florida	33130	
	 	City	, FIORIQA _	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Type of Action **Title** Name <u>Address</u> ☐ Add Remove ☐ Add ☐ Remove Add 🔲 ☐ Remove ☐ Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) _____ Signature of a member or audio ized epresentative of a member RAUL E. ESPINOZA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00